



COUNTY OF LOS ANGELES

**REPORT OF PERSON OR ENTITY
SPENDING \$5000 OR MORE
TO INFLUENCE OFFICIAL
COUNTY ACTION**

Form LOB 9

**POSTED**

OFFICIAL USE ONLY

COT/LOBBYIST

OCT 31 19 033PM

PM 10/30/19

Page 1 of 3Quarterly Report Covers from 07/01/19 through 09/30/19**Type or Print in Ink**

Name of Filer:

Altria Client Services LLC

Telephone Number & Extension

(202) 354-1500

Business Address: (Number, Street & Suite)

City

State

Zip Code

101 Constitution Avenue, NW Suite 400W, Washington, DC 20001

SUMMARY OF PAYMENTS THIS PERIODA. Total Activity Expenses (from Part I, Section A).....\$ 0B. Total Other Payments to Influence (from Part I, Section B).....\$ 13,406.17TOTAL (A + B above).....\$ 13,406.17CAMPAIGN CONTRIBUTIONS: ☐ Part II completed and attached ☒ No Campaign Contributions made this period**VERIFICATION**

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)

10/28/19

At (City and State)

Washington, DC

By (Signature of Responsible Officer)

Name of Responsible Officer (Type or Print)

Thomas R. Maddux

Title

Senior Director, Local Government Affairs

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Page 2 of 3

NAME OF FILER: Altria Client Services LLC

PERIOD COVERED: 07/01/19 - 09/30/19

PART I - PAYMENTS MADE THIS PERIOD

A. ACTIVITY EXPENSES (See instructions)

Date	Name, Position, and Address of Payee (If different than Beneficiary)	Name and Position Of County officials (Beneficiary) Amount Benefiting Each	Description of Consideration	Total Amount of Activity Expense
N/A	None this period			

☐ If more space is needed, check box and attach continuation sheets.

TOTAL SECTION A (Activity Expenses)
Also enter the total of Section A on Line A of the
"Summary of Payments" section on page 1.

\$ 0

FORM LOB 9Page ³ of ³NAME OF FILER: Altria Client Services LLCPERIOD COVERED 07/01/19 - 09/30/19**PART I – PAYMENTS MADE THIS PERIOD****B. OTHER PAYMENTS TO INFLUENCE OFFICIAL COUNTY ACTION** (See instructions)

Summary Description of Payments:

Grassroots Lobbying \$ 13,406.17

\$ _____

\$ _____

\$ _____

TOTAL \$ **13,406.17**Also enter the **TOTAL OF Section B** on Line B of the "Summary of Payments" section on page 1**PART II – CAMPAIGN CONTRIBUTIONS MADE:** Monetary and non-monetary campaign contributions of \$100 or more made to County candidates, elected County officials and any of their controlled committees, or committees supporting such candidates or officials must be reported below.

Date	Name of Recipient (County Officials Only)	Amount
N/A	None this period	\$
		\$
		\$
		\$
		\$
		\$

☐ If more space is needed, check box and attach continuation sheets. \$0**PRINT FORM**